

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action			Date of This Filing <u>09/27/2018</u>	Date Stamp Page 1 of 7	<div style="background-color: black; color: white; padding: 5px; display: inline-block;"> CALIFORNIA FORM 497 </div> For Official Use Only
AREA CODE/PHONE NUMBER (310)576-1233	I.D. NUMBER (if applicable) 1399958	Report No. <u>29</u>			
STREET ADDRESS 					
CITY Los Angeles	STATE CA	ZIP CODE 90024	No. of Pages <u>7</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/18/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 ID# 1281664 Memo Reference: NON:S497:1061	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$850.00
09/19/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 ID# 1281664 Memo Reference: NON:S497:1062	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00
09/20/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 ID# 1281664 Memo Reference: NON:S497:1063	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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CITY Los Angeles	STATE CA	ZIP CODE 90024	<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
			No. of Pages <u>7</u>		

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09/21/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 ID# 1281664 Memo Reference: NON:S497:1064	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00
09/22/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 ID# 1281664 Memo Reference: NON:S497:1065	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00
09/22/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 ID# 1281664 Memo Reference: NON:S497:1069	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$84,060.00

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STREET ADDRESS 					
CITY Los Angeles	STATE CA	ZIP CODE 90024	<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
			No. of Pages <u>7</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/25/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 ID# 1281664 Memo Reference: NON:S497:1066	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00
09/26/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 ID# 1281664 Memo Reference: NON:S497:1067	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$8,500.00
09/27/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 ID# 1281664 Memo Reference: NON:S497:1068	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00

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CITY Los Angeles			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
STATE CA			No. of Pages 7		
ZIP CODE 90024					

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

Memo Reference: NON:S497:1068
in-kind contribution

Memo Reference: NON:S497:1067
in-kind contribution

Memo Reference: NON:S497:1066
in-kind contribution

Memo Reference: NON:S497:1069
in-kind contribution

Memo Reference: NON:S497:1065
in-kind contribution

Memo Reference: NON:S497:1064
in-kind contribution

Memo Reference: NON:S497:1063
in-kind contribution

Memo Reference: NON:S497:1062
in-kind contribution

Memo Reference: NON:S497:1061
in-kind contribution